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FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. JUDGE FOR CONGRESS 133 South Harbor Drive ADDRESS (number and street) (Check if address is changed) Venice 34285 FL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS eric@robinsongruters.com (Check if address is changed) Optional Second E-Mail Address fran@robinsongruters.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2021 C00797597 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. ROBINSON, ERIC, , , Type or Print Name of Treasurer ROBINSON, ERIC, , , [Electronically Filed] 12 15 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

| FEC Form 1 | (Revised 02/2009) | Page 2 | | | |
|----------------------|---|-------------------------------------|--|--|--|
| TYPE OF COMMITTEE | | | | | |
| Candidate Co | mmittee: | | | | |
| (a) x Th | is committee is a principal campaign committee. (Complete the candidate information below.) | | | | |
| | is committee is an authorized committee, and is NOT a principal campaign committee. (Complormation below.) | ete the candidate | | | |
| Name of Candidate | JUDGE, JAMES, , , | <u> </u> | | | |
| Candidate | REP Sought: X House Senate President | State | | | |
| Party Affiliation | Sought: K House Senate President | District 14 | | | |
| (c) Th | is committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | |
| Name of Candidate | | | | | |
| Party Commit | itee: | | | | |
| (d) Th | | Democratic, epublican, etc.) Party. | | | |
| Political Actio | on Committee (PAC): | | | | |
| (e) Th | is committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected | ected organization is a: | | | |
| | Corporation Corporation w/o Capital Stock | Labor Organization | | | |
| | Membership Organization Trade Association | Cooperative | | | |
| | In addition, this committee is a Lobbyist/Registrant PAC. | | | | |
| | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee) | | | | |
| | In addition, this committee is a Lobbyist/Registrant PAC. | | | | |
| | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | | | | |
| Joint Fundrais | sing Representative: | | | | |
| | s committee collects contributions, pays fundraising expenses and disburses net proceeds for two mmittees/organizations, at least one of which is an authorized committee of a federal candidate. | or more political | | | |
| | s committee collects contributions, pays fundraising expenses and disburses net proceeds for two nmittees/organizations, none of which is an authorized committee of a federal candidate. | or more political | | | |
| Committe | ees Participating in Joint Fundraiser | | | | |
| 1. | FEC ID number | | | | |
| 2. | FEC ID number | | | | |
| 3. | | | | | |
| 4. | | | | | |

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|--|--|----------------------------|--|--|--|--|
| Write or Type Committee Na | ame | | | | | |
| JUDGE FOR | CONGRESS | | | | | |
| 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor | | | | | | |
| NONE | | | | | | |
| | | | | | | |
| Mailing Address | | | | | | |
| maming / taulous | | | | | | |
| | | | | | | |
| | CITY STATE | ZIP CODE | | | | |
| Relationship: Connec | ected Organization Affiliated Committee Joint Fundraising Representative | Leadership PAC Sponsor | | | | |
| . Custodian of Records: I books and records. | Identify by name, address (phone number optional) and position of the person i | n possession of committee | | | | |
| ROBIN Full Name | NSON, ERIC, , , | | | | | |
| Mailing Address | | | | | | |
| | VENICE FL 342 | 285 | | | | |
| Title or Position | CITY STATE | ZIP CODE | | | | |
| TREASURER | Telephone number 941 | - <u>488</u> - <u>7794</u> | | | | |
| 3. Treasurer: List the name any designated agent (e.g. | and address (phone number optional) of the treasurer of the committee; and the g., assistant treasurer). | ne name and address of | | | | |
| Full Name ROBING of Treasurer | ISON, ERIC, , , | | | | | |
| Mailing Address | 133 South Harbor Drive | | | | | |
| | | | | | | |
| | VENICE FL 342 | | | | | |
| Title or Position | CITY STATE | ZIP CODE | | | | |
| | Telephone number 941 | - 488 7794 | | | | |

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|---|--------------------------------------|------------------|-----------------|--|--|--|
| | | | | | | |
| Full Name of Designated Agent ROI | BINSON, ERIC, , , | | | | | |
| Mailing Address | 133 South Harbor Drive | | | | | |
| | VENICE | FL 34. | 285 ZIP CODE | | | |
| Title or Position | | phone number 941 | 488 | | | |
| Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc. | | | | | | |
| | JNTRUST 1200 SOUTH NOKOMIS AVENUE | | | | | |
| Mailing Address | | | | | | |
| | VENICE | FL 34: | 285 | | | |
| | CITY | STATE | ZIP CODE | | | |
| Name of Bank, Depository, etc. | | | | | | |
| | | | | | | |
| Mailing Address | | | | | | |
| | | | | | | |
| | | | | | | |
| | CITY | STATE | ZIP CODE | | | |